

Commentary

Evolving Conceptualizations: A Commentary on the Varying Perspectives of Self-Compassion in Western Psychology

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Abstract

Self-compassion involves being touched by and open to one's own suffering, coupled with the desire to alleviate it and heal oneself with kindness. While self-compassion has gained significant attention in research, certain conceptual and methodological complexities have evolved over time and led to ambiguity surrounding the concept. As such, the overall purpose of this commentary was to highlight and discuss the different perspectives of self-compassion in the literature. We opted to centralize our focus primarily on Neff's [1] self-compassion framework, given its extensive adoption. We highlight two broad perspectives for conceptualizing self-compassion in the literature: 1) *Mind-Body Experiences* (i.e., cognitive process, emotion/affect, or motivation) and 2) *Generality* (i.e., state-like, trait-like/global, or context-specific). This paper aims to offer insights into the complexities surrounding the conceptualizations of self-compassion and facilitate improvements in researchers approaches to studying this important construct.

Keywords

Commentary; common humanity; mindfulness; self-compassion; self-kindness



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1. Introduction

In the last two decades, there have been outstanding advancements in our understanding of compassion, particularly when directed towards oneself. The concept of self-compassion, which entails extending compassion inward, has gained significant prominence in the broader field of psychology, spanning diverse domains such as educational, organizational, sport, exercise, and counselling psychology. In Western psychology, self-compassion is commonly defined using Kristin Neff's [1] framework, the most widely recognized conceptualization in the field. In Neff's [2] review, self-compassion is defined as "how we relate to ourselves in instances of perceived failure, inadequacy, or personal suffering" (p. 194). Additionally, self-compassion can manifest as nurturing and tender in handling distressing emotions, or as fierce, motivating, and powerful, particularly in self-protection and meeting our needs [3]. Self-compassion comprises of three facets, and their counterparts, which produce an overall self-compassionate mindset [1, 4]. These facets include self-kindness (vs. self-judgement), mindfulness (vs. over-identification), and common humanity (vs. isolation).

Self-kindness refers to extending and offering oneself kindness and understanding as opposed to judgement and criticism. Self-kindness allows us to address our personal shortcomings with a gentle stance. Conversely, *self-judgement* involves berating oneself for having personal failures. It is having a harsh, critical perspective of the self when one does not meet personal goals. *Mindfulness* involves having a balanced awareness of one's thoughts and emotions as opposed to over-identifying with or ruminating on them [1]. Mindfulness is central to self-compassion as it gives us the "mental space" to extend kindness to ourselves and recognize things in the broader human context [1]. *Over-identification*, however, involves becoming carried away or overwhelmed with one's thoughts and feelings. When people over-identify with their experiences, they become immersed in and consumed by their emotional reactions. *Common humanity* involves seeing one's experiences as part of the larger human experience rather than seeing them as isolating. It allows people to understand that everyone is flawed, and we all suffer. Conversely, *isolation* refers to thinking that one's experiences are unique, and they are the only one going through them.

To promote and assess self-compassion in line with Neff's [1] framework, the mindful self-compassion (MSC) program [5] and self-compassion scale (SCS; [6]) were developed. The MSC, a structured 8-week group intervention, is designed to cultivate long-term skills to increase one's capacity for self-compassion [5]. Meanwhile, the SCS assesses one's general tendency to respond with self-compassion, conceptualizing it as trait-like [6]. Reflecting evolving perspectives of self-compassion, the SCS is available in various formats, including a short-form scale (SCS-SF; [7]), a version for youth [8], and the state self-compassion scale (S-SCS; [9]).

Considering that self-compassion and self-to-self relating have emerged from Buddhist traditions over thousands of years ago, alternative ways of conceptualizing, applying, and assessing self-compassion exist in the literature and have overlapped with Neff's approach (for reviews, see [10-12]). One such example is the Social Mentality Theory [13], which views self-compassion as a state of mind evolving from mammalian caregiving needs rather than a trait. To assess this conceptualization, Gilbert et al. [13] developed the self-criticizing/attacking and self-reassuring scale. Another example is a conceptualization by Strauss et al. [14], which posits that self-

compassion involves five key elements (*a*) recognizing suffering; (*b*) understanding the universality of suffering; (*c*) feeling empathy for the person suffering; (*d*) tolerating uncomfortable feelings in response to suffering; and (*e*) having a motivation to alleviate suffering. Associated with this conceptualization, Gu et al. [15] developed a measure that assesses these five elements.

A meta-analysis of 27 randomized controlled trials (RCTs) revealed that self-compassion interventions, employing diverse conceptualizations and assessments, effectively enhanced psychological well-being with medium effects (Hedges $g = 0.75$; [16]). Yet, it is important to delve deeper into the nuances of these diverse conceptualizations. Indeed, the dynamic nature of psychology prompts ongoing refinement in researchers' and practitioners' approaches to understanding and promoting self-compassion. As such, there is a gap in the literature synthesizing various self-compassion conceptualizations, particularly related to Neff's original [1] framework, therefore limiting our full understanding of the construct. Thus, the purpose of this commentary aims to highlight and explore evolving conceptualizations of self-compassion in western psychology.

2. Perspectives on Self-Compassion

We highlight two broader perspectives in western psychology for conceptualizing self-compassion. With one perspective, researchers conceptualize self-compassion based on one's *mind-body experience*, including self-compassion as a cognitive process (e.g., a mental strategy), an emotion/affect (e.g., a self-attitude), and a motivation. With the other perspective, researchers conceptualize self-compassion based its *generality*, including self-compassion as state-like, trait-like/global, or context-specific.

3. Mind-Body Experience of Self-Compassion

As acknowledged by Neff [17], self-compassion is a mind-body experience and taps into our cognitions (e.g., *understanding* one's experience), emotions/affective states (e.g., *feeling* connected with others), and motivations (e.g., *tending* to one's suffering). In other words, self-compassion can influence the way that we think/feel about ourselves - especially in times of suffering - and what we do to alleviate or prevent suffering. This proposition is widely supported by other researchers (e.g., [18]) who confirm that self-compassion represents a complex process comprising cognitive, affective, and motivational or behavioural components [19]. Moreover, neurological evidence also shows that all of these processes are present in compassion [20].

3.1 Self-Compassion as a Cognitive Process

At the forefront of compassion conceptualizations is the idea that self-compassion is a cognitive process. Various terms are used in the literature to describe self-compassion as a cognitive process, including a resource, strategy, and skill that can be learned (e.g., [21]). Some cognitive processes involved in self-compassion that have been established include attention, awareness, and non-judgement [18]. In the subcomponents of self-compassion [1], the presence of these cognitive components is evident (e.g., self-kindness involves having *non-judgement*, mindfulness involves paying *attention*, and common humanity involves *understanding*). Clearly cognitive processes are essential to self-compassion, and this is supported in the broader compassion literature. For example, researchers have proposed that cognitive processes are central to compassion, specifically

with perspective taking [20]. Neurological evidence also supports this idea. For example, one study found that the prefrontal cortex was activated following compassion meditation, which is associated with cognitive functions such as rational thinking [22].

In Neff's seminal paper [1], the proposition is made that not only does self-compassion promote cognitive processes, but it overlaps with the constructs themselves; likely leading other researchers to conceptualize self-compassion this way. Specifically, Neff [1] discusses how self-compassion is a form of emotional regulation, which is the process by which an individual pays *attention* to and manages their emotions [23]. In addition, Allen and Leary [21] commented that "self-compassion can be conceptualized as a coping strategy". They further propose that self-compassion is a form of cognitive restructuring that allows individuals to think about their stressors in a positive way. In another study, researchers found that self-compassion was a form of reduced cognitive fusion (i.e., being entangled with one's internal experiences; [24]).

Qualitative research methods have also been helpful for understanding self-compassion as a cognitive process. Ingstrup et al. [25] found that among women athletes, self-compassion was "a collection of skills and resources" that were learned. Another recent study among medical students using focus groups found that participants thought of self-compassion as having cognitive freedom or the right "headspace" to be aware of one's distress [26]. Taken together, studies have found significant effects for interventions addressing thought-related aspects of self-compassion, which provides support for self-compassion as a cognitive process. For example, interventions have used cognitive-based activities to enhance self-compassion like journaling and self-reflection (e.g., [27]).

3.2 Self-Compassion as an Emotion

In addition to the conceptualizations of self-compassion as a cognitive process, researchers have also focused on the premise that self-compassion is a discrete emotion and deals with how we *feel* about ourselves (e.g., self-attitude). An emotion is generally conceptualized as a coherent and organized, yet flexible, response to events [28]. This idea of self-compassion as an emotion originates from compassion research which conceptualizes compassion as a distinct affective state and a state of concern for the suffering of another [29]. Moreover, individuals who experience compassion feel physically moved by the experience (i.e., arousal of the autonomic nervous system). An early review revealed that self-reported feelings of compassion, moved, tender, warm, and soft-hearted loaded on a common factor, suggesting that these adjectives are related to the feelings associated with compassion [30]. In Neff's [1] original paper, it is also acknowledged that the self-kindness subcomponent explicitly includes emotions of warmth and care. Based on these findings, it can be concluded that when one is experiencing self-compassion as an emotion, they feel a sense of warmth and tenderness.

In alignment with the conceptualization of self-compassion as an emotion, some interventions aim to target emotional processes. For example, researchers have used brief inductions of self-compassion through virtual reality exercises for three weekly 8-minute sessions [31]. The participants in this study reported that after the self-compassion inductions, they *felt* more self-compassionate and less self-critical [31]. The researchers in this study assessed used the Self-Compassion and Self-Criticism Scale [32], which assesses an individual's reaction to a situation in terms of affective descriptors for self-compassion (e.g., soothing, compassionate) and self-criticism (i.e., critical, harsh). Another study used a similar induction method coupled with a self-supportive

touch and found that participants reported increased feelings of self-compassion following the procedure [33]. Altogether, these studies provide support for self-compassion as an “embodied” affective experience that can be induced. Neurological evidence confirms self-compassion as an emotion. A recent study found that participants who were prompted to be self-assuring (a proxy for self-compassion as assessed by fMRI) led to activation in emotion-processing areas in the brain [34]. It should be noted however that viewing self-compassion as an emotion is the least supported in the literature. In fact, Ekman [35] surveyed researchers who study emotion and found that only 20% agreed that compassion is an emotion.

3.3 Self-Compassion as a Core Motivation

A final way that self-compassion has been conceptualized is as a core motivation. Within the broader compassion literature, researchers acknowledge a core motivational component that deals with an instinctual drive to care or protect that is separate from emotion [28]. In fact, compassion is commonly conceptualized as “a commitment to try to alleviate and prevent suffering” [10, 28]. This idea stems from the historical Mahayana Buddhist tradition, which lists core qualities of compassion including the eight-fold pathway. The Dalai Lama makes this message clear and repeatedly says “compassion is the wish that all sentient beings be free of suffering and the causes of suffering” [36]. According to Swain and Ho [37], this core motivation for action is separate from cognitive processes as it is a reflexive response circuit for instinctive motivation to provide care. Physiological and evolutionary evidence supports this postulation. For example, researchers have predicted that compassion emerges from neural circuits that support our intrinsic need to behave in a way that cares for our vulnerable offspring and even strangers to promote our own fitness [37, 38].

In alignment with conceptualizing self-compassion as a core motivation, Neff [3] noted that self-compassion can take a fierce, powerful, agentic form, especially when it comes to self-protection, meeting our needs, or motivating change. This dynamic aspect of self-compassion, characterized by its proactive or reactive nature, can be explored in greater detail. First, *proactive* self-compassion motivation deals with the desire to prevent pain and suffering. In fact, Gilbert and Choden [39] highlighted that if you are addressing the causes of suffering then you must also address prevention. Second, *reactive* self-compassion refers to the alleviation of suffering as a response to experiencing it. To support these conceptualizations, one empirical study by Akin [40] found that self-compassion predicted 30% of the variance in proactivity. A systemic review by Biber and Ellis [41] also revealed that compared to a control group, self-compassion interventions led to self-regulation of health behaviors (e.g., physical activity, smoking cessation), and these effects were comparable to other behaviour change techniques (e.g., goal setting). Other studies have supported that self-compassionate individuals are more likely to engage in self-care behaviours [42, 43]. In addition, as a form of reactive self-compassion, research shows that self-compassionate individuals are more likely to engage in adaptive behavioural strategies like seeking social support when faced with stress [44].

4. Generality of Self-Compassion

As with other psychological constructs such as self-esteem and motivation [45, 46], researchers are interested in understanding how stable or flexible self-compassion is across time and contexts.

An individual's moment-to-moment experience of self-compassion is referred to as a *state*. A self-compassionate state can be experienced in varying domains of one's life such as related to body image, healthy eating, or sport performance. When discussing one's general tendency to experience self-compassionate states over time and across different domains, we refer to this as *trait-like or global self-compassion*.

4.1 Self-Compassion as State-Like

Studies show that self-compassion is more flexible as opposed to stable (e.g., [47]). In fact, Mosewich, [48] posited that some people adopt or engage in self-compassion as a response to coping with difficult *moments* and pursuing goals. To account for growing research interest in self-compassion as state-like, Neff et al. [9] developed the state self-compassion scale (S-SCS), which consists of 18 items that reframe self-compassion from a state-like perspective. For example, the statement "*When I'm going through a very hard time, I give myself the caring and tenderness I need*" was rephrased to "*I am giving myself the caring and tenderness I need.*" Statements refer to the present moment of responding to suffering as opposed to one's general tendency to respond (i.e., trait-like/global).

Researchers have also acknowledged the flexibility of self-compassion through their interventions. Rather than emphasizing the cultivation of long-term skills and abilities with longer duration interventions (e.g., 8-weeks), researchers have also promoted brief mind-states of self-compassion using shorter duration inductions (e.g., 5-minutes). For instance, Leary et al. [49] asked participants to recall a stressful past event then guided them through self-compassionate writing prompts to evoke the three facets of self-compassion. Additionally, Neff developed a self-compassionate mind-state induction that is more closely aligned with her framework [9]. Other researchers have used similar approaches to evoke a self-compassionate state (e.g., showing participants self-compassionate quotes on social media; [50]). Overall, self-compassionate inductions are promising and significantly promote self-compassionate states with large effect sizes around $\eta^2_p = 0.34 - 0.36$ (e.g., [31, 33]).

4.2 Self-Compassion as Trait-Like/Global

As with all traits (i.e., personality characteristics), research is concerned with identifying the factors (e.g., socio-, demographic, biological) that influence (i.e., support or thwart) an individual's general likelihood of experiencing that trait. The most common factor that has been examined to predict trait-like/global levels of self-compassion is parental upbringing. In fact, harmonious family have been found to be associated with high self-compassion [51]. Qualitative research has also supported the proposition that parents have an influence on self-compassion. Specifically, Ingstrup et al. [25] found that amongst a sample of athletes, the participants thought their parents played a large role in their self-compassion levels by being there to talk, supporting them at their sports games, teaching them to be kind to themselves, and putting experiences into perspective.

Neff's [1] conceptualization of self-compassion as a trait is also supported by biological perspectives. In fact, people who possess the GG polymorphism of the rs53575 oxytocin transporter gene have greater accuracy of emotional recognition [29]. This finding is extremely important as oxytocin (a bodily hormone) has been found to be associated with affiliative behaviour, and increased generosity, trust, and ability to infer affective mental states in others [52, 53]. Additionally, oxytocin

has been found to play a role in attenuating the stress response, thus enhancing compassionate behaviours in stressful situations [54, 55]. In other words, oxytocin helps us to be compassionate and reduces our bodily response to stress. Taken together, these findings confirm that feeling compassion comes easier to some.

Neff's original self-report measure, the SCS [6], is 26-items and is aimed at assessing one's general tendency to respond with self-compassion. It is the most common method for examining self-compassion and has been translated into twenty-two different languages [56]. As such, there is ample evidence for the reliability and validity of the SCS (see [56] for a review). Additionally, most self-compassion interventions to date are aimed at building long-term skills for self-compassion (e.g., MSC Program; [5]). For example, teaching an individual how to change their critical self-talk by learning to acknowledge their critical voice and rephrase it in a kinder way. (e.g., [57]). To assess, the effectiveness of longer-term interventions such as the MSC, Kirby et al. [58] conducted a meta-analysis of 21 RCTs and found significant increases in compassion (for the self and others) and significant decreases in depression/anxiety, and psychological distress with medium to large effect sizes. These findings suggests that the conceptualization - and associated application and assessment - of trait-like/global self-compassion are robust.

4.3 Self-Compassion as Context-Specific

Researchers and practitioners have been long interested in examining psychological constructs in varying contexts, which considers both the life domain and the individual/population under investigation (e.g., [59]). For instance, Martin et al. [60] examined the relationship between domain-specific self-compassion (i.e., academic self-compassion) and trait-like/global self-compassion in undergraduate students ($N = 422$). The authors found that academic self-compassion (assessed by altering the SCS to reflect the academic domain) had a stronger relationship with academic resourcefulness compared to trait-like/global self-compassion (as assessed by the SCS). Academic self-compassion also independently predicted university adaptation, academic resourcefulness, and expected grade point average [60]. This study provides insight into the benefit of conceptualizing self-compassion from a domain-specific lens; that adding context-specificity of self-compassion in practice can optimize targeted outcomes.

Mosewich et al. [48] also recently investigated the potential benefits of conceptualizing context-specific self-compassion as opposed to trait-like/global self-compassion in student-athletes ($N = 167$). The authors found that self-compassion levels did not differ across school and sport contexts and therefore suggested there is no need to treat self-compassion as context-specific. Overall, results surrounding this debate are inconsistent and more research is needed to maximize our understanding of the generality of self-compassion and how it can be optimized in practice.

With regards to the MSC Program, Neff and Germer [7] acknowledge context-specificity to some extent. For example, an entire session in the program is centered around challenging relationships. To reflect emerging awareness of context-specific self-compassion, the MSC Program has also been adapted to various contexts. For example, Neff et al. [61] recently modified the program for healthcare communities, which was found to enhance well-being and reduce burnout in healthcare workers. Some researchers have also attempted to conceptualize context-specific self-compassion by modifying the SCS and changing the wording or instructions to reflect the context. For example, Altman et al. [62] developed the Body Compassion Scale to reflect self-compassion. However, it is

important to note that this measure has been criticized for failing to capture the complexity of the different dimensions of self-compassion [18].

5. Significance

The body of research on self-compassion is rapidly growing, comprising over 4,000 journal articles and dissertations [2]. With varying perspectives, conceptualizations of self-compassion have evolved over time, aided by the development of more precise measurement scales and experimental methodologies to explore this concept in greater depth. This paper served to organize key conceptualizations of self-compassion, offering a comprehensive resource for both researchers and practitioners. The importance of a clear conceptualization cannot be overstated, as emphasized by [63], as it informs the foundation for designing research programs, facilitating precise hypothesis formulation, and guiding study design. The clarity in conceptualization, as noted by [64], not only enhances the accuracy of assessments but also elevates the overall quality of studies, yielding more reliable results.

The organized perspectives presented in this paper hold particular significance for researchers embarking on self-compassion studies. By providing a consolidated overview, the paper aids in navigating the intricate landscape of self-compassion research, fostering a more nuanced understanding of the subject. This, in turn, equips researchers with the necessary tools to design robust research programs, fostering a conducive environment for the exploration of self-compassion across various dimensions. Furthermore, the significance of well-defined conceptualizations extends beyond the realm of research design. The paper highlights the practical implications of such clarity, asserting that desired outcomes are more likely to be achieved through self-compassion programs. This insight is crucial for practitioners seeking to implement effective interventions, emphasizing the role of a solid conceptual foundation in realizing positive and lasting impacts.

6. Conclusion

This commentary highlighted and discussed the different perspectives of self-compassion, with emphasis on Neff's [1] original and most widely used framework. Two perspectives of conceptualizing self-compassion exist in the literature including 1) *Mind-Body Experiences* of self-compassion (i.e., cognitive process, emotion/affect, and motivation/behaviour) and 2) *Generality* of self-compassion (i.e., trait-like/global, state-like, and context-specific). To reflect the complex nature of self-compassion and optimize the link between intervention components and targeted outcomes, researchers and practitioners could use this paper to guide their research.

Author Contributions

All co-authors were involved in the conceptualization of this manuscript. Ms. Pastore wrote the initial and final versions of the manuscript while Dr. Fortier, Dr. Ferguson, and Dr. Sweet were involved in editing the manuscript. Ms. Pastore was supervised by Dr. Fortier and Dr. Sweet throughout the duration of the manuscript. All authors approved the final version of the manuscript.

Competing Interests

The authors have declared that no competing interests exist.

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